



IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

APPLICANT(S): Stephen A. Morse, et al.

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(RECEIVED)

AUG 09 2004

APPLICATION NO.: 10/001,416

CONFIRMATION

FILING DATE: November 15, 2001

TITLE: Orbital Surgical Cannula and Method

EXAMINER: Michael H. Thaler

GROUP ART UNIT: 3731

ATTY. DKT. NO.: 80121-06507

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 8/21/04

By: R.C. Smith

Albert C. Smith, Reg. No. 20,355

MAIL STOP PETITION ✓
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

Adjustment date: 08/16/2004 AKELLEY
08/06/2004 HAL111 00000014 10001416

01 FC:1051 130.00 UP

02 FC:1460 Repln. Ref: 08/16/2004 AKELLEY 000382300 UNDER 37 C.F.R. §1.47(a)

DAH:192555 Name/Number:10001416

FC: 9204 \$260.00 CR

REQUEST FOR RECONSIDERATION OF PETITION

SIR:
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Responsive to the DECISION REFUSING STATUS UNDER 37 CFR

1.47(a), dated June 18, 2004 received in the reissue patent application identified above, Applicants submit additional information and request determination of

compliance with the requirements of 37 CFR §1.175 and MPEP §1414 regarding an adequate reissue declaration signed by all of the inventors. This request for reconsideration is based upon the following additional facts and documents in response to items (1), (2) and (5) designated in the DECISION.

- Item (1):
- a) On-line searches conducted on June 30, 2004 of databases containing names of individuals throughout the State of California uncovered an address and phone number for the unique name (within California) of Geoff Orth.
 - b) Telephone contact to the individual thus identified on June 30, 2004 requested confirmation of the individual's status as one of the joint inventors named on U.S. Patent 5,984,937.
 - c) Upon affirmation by the individual of his status as that Geoff Orth named as a joint inventor on the referenced patent, a package of documents including a copy of the reissue application and Reissue Declaration by the Inventors was forwarded to the listed address of Mr. Geoff Orth.
 - d) Mr. Orth executed the Reissue Declaration on July 14, 2004 and returned the same for filing herewith.

Item (2): An acceptable declaration in compliance with 35 U.S.C. §115 and §116 comprises the declaration executed by Mr. Geoff Orth and submitted herewith, and the declarations executed by all of the remaining named joint inventors previously filed in the subject application.

Additionally, a new declaration designating the correct, current address of Mr. Frazier is enclosed herewith.

Item 5:

The last known address of Mr. Geoff Orth at which he was contacted by telephone and mail is:

5800 Lone Pine Road
Sebastopol, CA 95472-5611
(Tele: 707-829-1113)

The surcharge charged to Deposit Account 19-2555 for late filing of the declaration is noted.

Reconsideration and designation of full compliance with the requirement in
this reissue application for an executed declaration by all of the named joint
inventors are solicited.

Respectfully submitted,
STEPHEN A. MORSE, ET AL.

Dated: 8/2/04

By: A. C. Smith
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Enclosure: Declaration of Geoff Orth
Declaration of Andrew Frazier

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>8/13/04</u>		2 Serial/Patent # <u>10001416</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
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<u>1460</u>	Petition	<u>9</u>	<u>8/5/04</u>	<u>\$ 130</u>
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<u>1051</u>	Other <u>SURCHARGE</u>	<u>9</u>	<u>8/5/04</u>	<u>\$ 130</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>260</u>	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
X	Duplicate Payment	<input type="checkbox"/>	<u>19--2555</u>	
9 No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>D WOOD</u>		TITLE: <u>Se ATTY</u>		
SIGNATURE: <u>D WOOD</u>		PHONE: <u>3036918</u>		
OFFICE: <u>OP</u>		*****		
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APPROVED: <u>W. J. H.</u>		DATE: <u>8/16/04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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